

STATE OF VERMONT
MEDICAL PREMIUMS FOR COBRA CONTINUATION COVERAGE
MONTHLY

TOTALCHOICE PLAN PREMIUMS EFFECTIVE JANUARY 1, 2010

CLASS CODE	TOTAL PREMIUM	DEFINITION
01	\$740.51	One Person
1A	\$1,481.01	Two Person
1B	\$2,036.40	Family

SELECTCARE POS PLAN PREMIUMS EFFECTIVE JANUARY 1, 2010

CLASS CODE	TOTAL PREMIUM	DEFINITION
01	\$619.75	One Person
1A	\$1,239.49	Two Person
1B	\$1,704.31	Family

HEALTHGUARD PLAN PREMIUMS EFFECTIVE JANUARY 1, 2010

CLASS CODE	TOTAL PREMIUM	DEFINITION
01	\$664.19	One Person
1A	\$1,328.39	Two Person
1B	\$1,826.55	Family

SAFETYNET PLAN PREMIUMS EFFECTIVE JANUARY 1, 2010

CLASS CODE	TOTAL PREMIUM	DEFINITION
01	\$434.20	One Person
1A	\$868.41	Two Person
1B	\$1,194.06	Family

DENTAL PLAN PREMIUMS EFFECTIVE JANUARY 1, 2010

CLASS CODE	TOTAL PREMIUM	DEFINITION
01	\$28.90	One Person
1A	\$53.17	Two Person
1B	\$100.73	Family